



EPA KEY CONTACTS FORM

OMB Number: 2030-0020
Expiration Date: 06/30/2024

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name:	Prefix: Miss	First Name: Palencia	Middle Name:
	Last Name: Mobley		Suffix: PE
Title:	Deputy Director/Chief Engineer		
Complete Address:			
Street1:	735 Randolph St		
Street2:	Suite 501		
City:	Detroit	State:	MI: Michigan
Zip / Postal Code:	48226-2830	Country:	USA: UNITED STATES
Phone Number:	3132127987	Fax Number:	
E-mail Address:	Palencia.Mobley@detroitmi.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mrs.	First Name: Nikole	Middle Name:
	Last Name: Howard-Whitsett		Suffix:
Title:	Treasury Manager		
Complete Address:			
Street1:	735 Randolph		
Street2:	Suite 701		
City:	Detroit	State:	MI: Michigan
Zip / Postal Code:	48226	Country:	USA: UNITED STATES
Phone Number:	3134005993	Fax Number:	
E-mail Address:	nikole.howard-whitsett@detroitmi.gov		

Administrative Contact: *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

Name:	Prefix: Ms.	First Name: Monica	Middle Name:
	Last Name: Daniels		Suffix:
Title:	Finance Asset Manager		
Complete Address:			
Street1:	735 Randolph St, Suite 701		
Street2:			
City:	Detroit	State:	MI: Michigan
Zip / Postal Code:	48226	Country:	USA: UNITED STATES
Phone Number:	3139387912	Fax Number:	
E-mail Address:	monica.daniels@detroitmi.gov		

EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: Prefix: First Name: Middle Name:
Last Name: Suffix:
Title:

Complete Address:

Street1:
Street2:
City: State:
Zip / Postal Code: Country:
Phone Number: **Fax Number:**
E-mail Address: